

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 553990

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5		3				
6		3				
7		3				
8		3				
9		1				
10		1				
11		1				
12		3				
13		3				
14		3				
15		3				
16		3				
17		3				
18						
19						
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21						
22						
23						
24						
25		0				
26		0				
27		0				
28		0				
29		0				
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	54	←	32	←		←
TOTAL CLAIMS	55		33			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						